1. PLACE OF BIRTH	ARIZONA STATE BUREAU OF V	BOARD OF HEALT	State File No
27:17	STANDARD CERT	TIFICATE OF BIRTH	Registered No.
County Ma	***************************************	State Urizon	<u>a.</u>
District or Township		or Village	* . <del>*</del> . <u>*</u>
City_Mam	No. 17 (Por	to Pico Cas	von et. War
1	1 1/	urred in a hospital or institution	n, give its NAME instead of street and number
2. Full name of child.	Flores		If child is not yet named, mal supplemental report, as directed
3. Sex of Child To be inswered ONI in event of plural births.	Y 4. Twin, triplet or othe 5. No., in order of birth		7. Date of birth Lov. 27, 192
8. FATHER		14.	MOTHER
Full name Encarnacion	Flores	Full maiden name	iciana Regnoso
9. Residence (Usual place of abode)	riami,	15 Residence (Usual place of abode)	miami.
(Usual place of abode)  If non-resident, give place and state.  10. Color or race	arizona.	If non-resident, give	place and state. Origonic
10. Color or race	O	16 Color or race	0
Mut. 11. Age at 1s	st birthday3D (Years)	mer.	17. Age at last birthday 3 (Year:
12. Birthplace (city or place)	aco	18. Birthplace (city or pla	0
(State or country)	mey.	(State or country)	mer.
13. Occupation		19. Occupation	
Nature of Industry		Nature of industry	,1
miner	:	8	Imoewile
20. Number of children of this mother	(a) Born alive and (b) Born alive by (c) Stillborn	id now living 3	21. Were precautions taken against oph thalmia neonatorum?
GE	RTIFICATE OF ATTENDING	HYSICIAN OR MIDWIF	E* 20
I hereby certify that I attended the birth	of this child, who was	30rp, alive or stillborp)	t
*When there was no attending physicia or midwife, then the father, householde etc., should make this return. A stillbor child is one that neither breathes no shows other cyldence of life after birth	Signature Cyri	Physica and	νm.10.
Shows other evidence of life after birth Given name added from a supplemental report.  Month, day,	: /	riami. a	(Physician or midwife).
Month, day,	/1/1	204 35	00 e 3:
Registr	Filed CC	15/	Régistrar

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